

<i>SERFF Tracking Number:</i>	<i>UHLC-126774883</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>46531</i>
<i>Company Tracking Number:</i>	<i>CA25065S3</i>		
<i>TOI:</i>	<i>MS08G Group Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08G.001 Plan A 2010</i>
<i>Product Name:</i>	<i>MEDICARE SUPPLEMENT</i>		
<i>Project Name/Number:</i>	<i>ADVERTISING/CA25065S3</i>		

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: MEDICARE SUPPLEMENT	SERFF Tr Num: UHLC-126774883	State: Arkansas
TOI: MS08G Group Medicare Supplement - Standard Plans 2010	SERFF Status: Closed-Filed-Closed	State Tr Num: 46531
Sub-TOI: MS08G.001 Plan A 2010	Co Tr Num: CA25065S3	State Status: Filed-Closed
Filing Type: Advertisement	Author: Bobbie Walton	Reviewer(s): Stephanie Fowler
	Date Submitted: 08/18/2010	Disposition Date: 08/31/2010
		Disposition Status: Filed-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: ADVERTISING	Status of Filing in Domicile: Not Filed
Project Number: CA25065S3	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Association
Filing Status Changed: 08/31/2010	Explanation for Other Group Market Type:
	State Status Changed: 08/31/2010
Deemer Date:	Created By: Bobbie Walton
Submitted By: Bobbie Walton	Corresponding Filing Tracking Number:
	CA25065S3

Filing Description:

We enclose for your information and review, proof copies of advertising for use in connection with the AARP group health insurance program. This advertising is new and does not replace any material previously submitted to the Department.

These Invitations to Inquire are Medicare Supplement Advertisements. Final production of the enclosed advertising will show the component number on the bottom left hand corner of the Print Ad.

The business reply card, MS2525ST, is also attached to the print advertisement for your review and approval.

SERFF Tracking Number: UHLC-126774883 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 46531
 Company Tracking Number: CA25065S3
 TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
 Plans 2010
 Product Name: MEDICARE SUPPLEMENT
 Project Name/Number: ADVERTISING/CA25065S3

Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
 680 Blair Mill Rd. 215-902-8444 [Phone]
 Horsham, PA 19044 215-902-8813 [FAX]

Filing Company Information

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut
 185 Asylum Street Group Code: 707 Company Type: Life and Health
 Hartford, CT 06103 Group Name: State ID Number:
 (860) 702-5000 ext. [Phone] FEIN Number: 36-2739571

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 PER COMPONENT - 2 COMPONENTS = \$100
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$100.00	08/18/2010	38863254

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Plans 2010
Product Name: MEDICARE SUPPLEMENT
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	08/31/2010	08/31/2010

SERFF Tracking Number: UHLC-126774883 *State:* Arkansas
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Company Tracking Number: CA25065S3
TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
Plans 2010
Product Name: MEDICARE SUPPLEMENT
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Disposition

Disposition Date: 08/31/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 46531
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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	SELF MAILER	Filed	Yes
Form	BUSINESS REPLY CARD	Filed	Yes

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TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
Plans 2010

Product Name: MEDICARE SUPPLEMENT

Project Name/Number: ADVERTISING/CA25065S3

Form Schedule

Lead Form Number: CA25065S3

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 08/31/2010	3	CA25065S	Advertising SELF MAILER	Initial		45.000	CA25065S3.pdf
Filed 08/31/2010		MS2525ST	Advertising BUSINESS REPLY CARD	Initial		45.000	MS2525ST.pdf

Information Request Card

☐ **YES!** Please send me more information about joining AARP and about AARP® Medicare Supplement Insurance Plans, including benefits, costs, eligibility requirements, exclusions and limitations.

[Sample A. Sample]
[123 Any Street]
[Apt. 1A]
[Anytown, USA 12345-1234]

Date of Birth ____ / ____ / ____
Medicare (Part B) Effective Date ____ / ____ / ____
Phone _____ - _____ - _____
E-mail Address _____

If you provide your phone number or e-mail address, a representative may contact you

This is a solicitation of insurance. An agent/producer may contact you.
Insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents).
AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors.
Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Join AARP today to discover “**MEMBERS ONLY**” rates on an AARP Medicare Supplement Plan.

You’re probably very much aware that Medicare alone may leave you with unpaid out-of-pocket costs.

In response to these concerns, AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company, offer competitive rates in an effort to reduce the amount of money you spend out of your pocket.

The goal is that an AARP Medicare Supplement Plan will help you avoid tapping into your retirement savings to pay the health care costs that Medicare does not pay.

CA25065S3

Become an AARP member now for access to competitively priced Medicare supplement insurance!


[Sample A. Sample]
[123 Any Street]
[Apt. 1A]
[Anytown, USA 12345-1234]

AARP Medicare Supplement Plans
insured by UnitedHealthcare Insurance Company
UnitedHealthcare Insurance Company
P.O. Box 1017
Montgomeryville, PA 18936-1017

PRSRT STD
U.S. POSTAGE
PAID
UNITEDHEALTHCARE

If you’re looking for competitive Medicare supplement rates...

Now might be the time to join AARP!



As an AARP member, you may discover the competitive rates and exceptional service of AARP® Medicare Supplement Plans.

See details inside...

AARP Medicare Supplement Plans
insured by UnitedHealthcare Insurance Company

▲ For faster service, please call
[1-8XX-XXX-XXXX]
▲ Or simply mail this postage-paid card today for more information.

Now is a great time to join AARP!

As an AARP member, you'll have access to competitive rates on Medicare supplement insurance.

Think about all the great benefits you've been missing...

Yes, they are all still there. Great discounts and access to a variety of valuable AARP member programs. And, for just \$16 a year, an AARP membership can pay for itself and more!

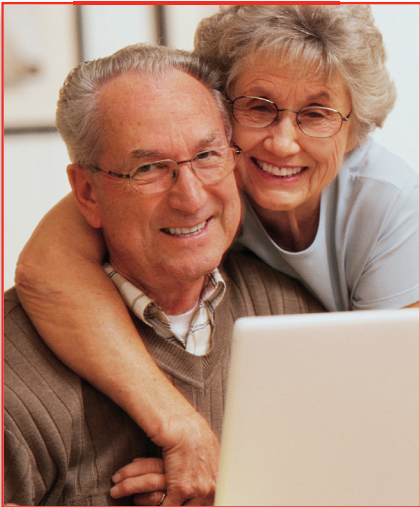
AARP membership also means that you may apply for an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company. If you're shopping around, you'll find AARP Medicare Supplement Plans offer competitive rates that are available exclusively to AARP members. These plans give you:

- **The insurance you need.** Medicare supplement plans help pay some of the out-of-pocket costs that Medicare does not pay. Depending on the plan you choose, this can include your Medicare Part A deductible (more than \$1,000) and the 20% or more of Part B medical expenses Medicare does not pay.
- **Competitive "members only" rates.** Once you're an AARP member, you may apply for these plans and get competitive "members only" rates not available to the general public.

• The AARP name.

These are the only Medicare supplement plans of their type to carry the AARP name, and are relied on by many AARP members.

AARP was founded in 1958 to help people 50 and over improve the quality of their lives. Join AARP today and you'll have access to discounts and the ability to enroll in valuable programs like the AARP Medicare Supplement Plans.



Learn more about this valuable member benefit that's now available to you.
Call [1-8XX-XXX-XXXX] today!

Join AARP today and enroll in an AARP Medicare Supplement Plan if you qualify!

You'll get competitive rates available exclusively

FOR MEMBERS ONLY!
Call [1-8XX-XXX-XXXX]
(TTY: 711)

Monday to Friday, 7 a.m. to 11 p.m.;
Saturday 9 a.m. to 5 p.m. EST

Or mail the attached information request card for more information ▶

You don't have to be a member to call, but you do have to be a member to enroll.

AARP does not recommend health related products, services, insurance and programs. You are strongly encouraged to evaluate your needs.

Insured by UnitedHealthcare Insurance Company, Horsham, PA. Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

This is a solicitation of insurance. An agent/producer may contact you.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors.

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

AARP | Medicare Supplement Plans
insured by **UnitedHealthcare Insurance Company**

AARP | Medicare Supplement Plans
insured by **UnitedHealthcare Insurance Company**

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 45 LEHIGH VALLEY PA

POSTAGE WILL BE PAID BY ADDRESSEE

UNITEDHEALTHCARE
INSURANCE COMPANY
PO BOX 25601
LEHIGH VALLEY, PA 18003-9905

MS2525ST

Call [1-8XX-XXX-XXXX]
or mail this postage-paid card today
for more information.

Information Request Card

☐ **YES!** Please send me more information about joining AARP and about AARP® Medicare Supplement Insurance Plans, including benefits, costs, eligibility requirements, exclusions and limitations.

[Sample A. Sample]
[123 Any Street]
[Apt. 1A]
[Anytown, USA 12345-1234]

Date of Birth ____ / ____ / ____

Medicare (Part B) Effective Date ____ / ____ / ____

Phone _____ - _____ - _____

E-mail Address _____

If you provide your phone number or e-mail address,
a representative may contact you

**This is a solicitation of insurance. An agent/
producer may contact you.**

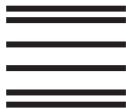
Insured by UnitedHealthcare Insurance Company
(UnitedHealthcare Insurance Company of New York for
New York residents).

AARP and its affiliate are not insurance agencies or carriers
and do not employ or endorse insurance agents, brokers,
producers, representatives or advisors.

**Not connected with or endorsed by the U.S.
Government or the Federal Medicare Program.**



Medicare Supplement Plans
insured by **UnitedHealthcare**
Insurance Company



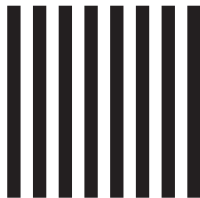
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 45 LEHIGH VALLEY PA

POSTAGE WILL BE PAID BY ADDRESSEE

UNITEDHEALTHCARE
INSURANCE COMPANY
PO BOX 25601
LEHIGH VALLEY, PA 18003-9905



MS2525ST

